

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																					
1 Date of Request: <u>7-22-05</u>		2 Serial/Patent # <u>10/518867</u>																																																			
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 80%;">Filing</td><td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 10%;">12/17/04</td><td style="width: 10%; text-align: right;">\$ 100</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td><td style="text-align: center;"><input type="checkbox"/></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td><td style="text-align: center;"><input type="checkbox"/></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td style="text-align: center;"><input type="checkbox"/></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td><td style="text-align: center;"><input type="checkbox"/></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td><td style="text-align: center;"><input type="checkbox"/></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td style="text-align: center;"><input type="checkbox"/></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td><td style="text-align: center;"><input type="checkbox"/></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td><td style="text-align: center;"><input type="checkbox"/></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td><td style="text-align: center;"><input type="checkbox"/></td><td></td><td style="text-align: right;">\$</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	<input checked="" type="checkbox"/>	12/17/04	\$ 100	<input type="checkbox"/>	Amendment	<input type="checkbox"/>		\$	<input type="checkbox"/>	Extension of Time	<input type="checkbox"/>		\$	<input type="checkbox"/>	Notice of Appeal/Appeal	<input type="checkbox"/>		\$	<input type="checkbox"/>	Petition	<input type="checkbox"/>		\$	<input type="checkbox"/>	Issue	<input type="checkbox"/>		\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.	<input type="checkbox"/>		\$	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>		\$	<input type="checkbox"/>	Assignment	<input type="checkbox"/>		\$	<input type="checkbox"/>	Other	<input type="checkbox"/>		\$	4 PAPER NUMBER 5 DATE FILED 6 AMOUNT		
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7 TOTAL AMOUNT OF REFUND <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div>		\$ 100																																																			
8 TO BE REFUNDED BY: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div>		Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #:																																																			
9 REASON: <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation):		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 5 0 -- 3 0 1 3 </div>																																																			
11 REFUND REQUESTED BY:																																																					
TYPED/PRINTED NAME: <u>A Johnson</u>		TITLE: <u>paralegal</u>																																																			
SIGNATURE: <u>A Johnson</u>		PHONE: <u>308-9140</u>																																																			
OFFICE: <u>PT</u>																																																					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																																																					
APPROVED: _____		DATE: _____																																																			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: